OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

Schwartze
07865

92d

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City Crisfield No. McCready Memorial Hospital St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Angie Laura Adams If U. S. Veteran, specify WAR

(a) Residence: No. 116 Maple Avenue St., Ward.
(Usual place of abode)
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Adams

6. DATE OF BIRTH (month, day, and year): April 9 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Smith Island Md

FATHER

13. NAME: Noah A Tyler

14. BIRTHPLACE (city or town) (State or country): Smith Island Md

MOTHER

15. MAIDEN NAME: Ma rgaret Evans

16. BIRTHPLACE (city or town) (State or country): Smith Island Md

17. INFORMANT (Address): Frank Adams Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL Place: Burial Date: July 11 1940

19. UNDERTAKER (Address): John A Bradshaw Crisfield Md

20. FILED July 10, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940, to July 9, 1940

I last saw h- alive on July 9, 1940 death is said to have occurred on the date stated above, at 8.30A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Valvular heart disease	
Other Contributory Causes of Importance:	
Edema, asthenia	

Neme of operetion — Date of —

What test confirmed diegnosis? — Wes there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. P. Schwartze M. D.

(Address) Crisfield

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 3 1940 U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

07866

Reg. Dist. No. 210

1. PLACE OF DEATH:

County: Somerset

City or town: Marion

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Marion Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter E. Bell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Norella Bell

6(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): ~~Oct 8 1878~~ Oct 9-1912

8. AGE: Years	Months	Days	If less than one day
27	8	27	hrs. min.

9. Birthplace: Keams Va (Town, county, and state)

10. Usual occupation: Pressing and cleaning

11. Industry or business

FATHER

12. Name: Charles Bell

13. Birthplace: Hopewell ~~Va~~ to Md

MOTHER

14. Maiden name: Addie young

15. Birthplace: Marion Somerset Co Md

16. Informant: Addie Bell

Address: Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10 1940 (month) (day) (year)

Cemetery or crematory: Branch

Location: Marion Md

18. Funeral director: Chas, H Ward

Address: Marion Md.

19. 9/10 1940 (Date rec'd by registrar) Purlie E. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 5:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 9 1940, to July 8 1940, and that I last saw h~~er~~ alive on July 8 1940

Immediate cause of death	DURATION
Renal Dse Of Heart	
Hypertension Uremia	
Due to Dse & Abscess Renal Separation	
Due to Acute ascending Transverse myelitis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE George E. Cashman M.D. M. D. or other

Address Marion Sta. Md Date signed July 10 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 25 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

07867

122-C

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City Crisfield No. McCready Memorial Hosp St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Frances Betts If U. S. Veteran, specify WAR

(a) Residence: No. Mariners Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Levin Betts

6. DATE OF BIRTH (month, day, and year): June 6 1874

7. AGE: Years 66 | Months 1 | Days 16 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Somerset County Md

FATHER

13. NAME: Isaac Sterling

14. BIRTHPLACE (city or town) (State or country): Somerset County Md

MOTHER

15. MAIDEN NAME: Lucy Bradshaw

16. BIRTHPLACE (city or town) (State or country): Somerset County Md

17. INFORMANT (Address): Levin Betts Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL Place: Burial Date: July 23 1940

19. UNDERTAKER (Address): John A Bradshaw Crisfield Md

20. FILED July 22, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1940, to July 21, 1940

I last saw her alive on July 21, 1940; death is said to have occurred on the date stated above, at 12 45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dec 2 Hart [illegible] Shock	July 18

Other Contributory Causes of Importance:

Intestinal obstruction July 15 40

Not due to cancer. Due to post-operative adhesions

Duration: four years. C.W.G.R.

Neme of operation Lapsing Intestinal obstruction Date of July 16 40

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Coulbourn M. D.

(Address) [illegible] Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

OUTSIDE CORPORATE LIMITS OF

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

07868

Reg. Dist. No. 2-8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Summit Co.

City or town Mann mo

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Macauley H+J new campus

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Mann Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Baldwin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

one hr.

9. Birthplace Hosp. macauley mund. (Town, county, and state)

10. Usual occupation none

11. Industry or business none.

FATHER 12. Name Roger Baldwin

13. Birthplace md.

MOTHER 14. Maiden name Callie Emrod

15. Birthplace md.

16. Informant Roger Baldwin

Address mann md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location Crandles at H+J.

18. Funeral director

Address

19. 7/31 1940 Aurelia B. Lawson Deputy Registrar

(Date rec'd by registrar)

C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH not July 18 1940, at M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Ruptured tubal pregnancy.	
Due to abut of mesa	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George Edwin Gallion MD M. D. or other

Address Mann Md. Date signed July 31 40.

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AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07869

136

CERTIFICATE OF DEATH

Reg. Dist. No. 267

1. PLACE OF DEATH:

County Somerset

City or town Samos Quarters, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 years

Hospital, institution, or street address where death occurred: no street address
Samos Quarters, Maryland

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Samos Quarters
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Ely Bruen

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Negro	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 15-21

8. AGE:

Years	Months	Days	If less than one day
18 19	7	21	..... hrs. ..... min.

9. Birthplace Samos Quarter Md
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Harvey Bruen
13. Birthplace Samos Quarter Md

MOTHER
14. Maiden name Lizzie Rotberry
15. Birthplace Samos Quarter

16. Informant Harvey Bruen
Address Samos Quarter Md

17. (Burial, cremation, or removal. Which?) Date thereof July 8-40 (month) (day) (year)

Cemetery or crematory Samos Quarter Md

Location Samos Quarter Md

18. Funeral director Fred T. Webster

Address Deals Island Md

19. 40 July 8 1940 (Date rec'd by registrar) Mrs. W. S. Kelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1940 at 3:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6, ~~1940~~ 1940 to July 6 1940 and that I last saw him alive on July 6 1940

	DURATION
Immediate cause of death Pulmonary hemorrhage —	1 hour
Probably due to tuberculosis, chronic	
Due to Cause unknown	
Physician only saw decedent once	
Due to day of death	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. —

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of —

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) No

Means of injury — Injured at work? —

23. SIGNATURE William J. Lemmon, M. D.
M. D. or other

Address Deal Island, Maryland Date signed July 7, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1940
BUREAU U. S.

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

07870

83-6

1. PLACE OF DEATH

County Somerset — Registration Dist. No. 270

Village or City Hopewell ? No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Elizabeth Coulbourn — If U. S. Veteran, specify WAR ____

(a) Residence: No. Hopewell Md St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John W Coulbourn

6. DATE OF BIRTH (month, day, and year): Feb 29 1860

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
80	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town): Hopewell
(State or country): Md

FATHER

13. NAME: John S Ward

14. BIRTHPLACE (city or town): Crisfield
(State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Holland

16. BIRTHPLACE (city or town): Crisfield
(State or country): Md

17. INFORMANT: William Coulbourn
(Address): Hopewell Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Burial Date: July 23 1940

19. UNDERTAKER: John A Bradshaw
(Address): Crisfield Md

20. FILED July 23, 1940 C. E. Collins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1940, to July 22, 1940

I last saw h[illegible] alive on July 22, 1940; death is said to have occurred on the date stated above, at 10:10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	July 9
Arteriosclerosis	5 years

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) S. M. Payton M. D.

(Address) Crisfield, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07871

1. PLACE OF DEATH OUTSIDE CORPORATE LIMITS OF (131-a)

County Somerset Registration Dist. No. 270

Village or City McCready Memorial Hospital No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Near Crisfield, Md.

2. FULL NAME Marion C. Dryden If U. S. Veteran, specify WAR

(a) Residence: No. Marion, Md. Ward. SOCIAL SECURITY NUMBER 717-07-9093
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Olivia Dryden

6. DATE OF BIRTH (month, day, and yaar) Dec. 28 1882

7. AGE Years	Months	Days	If LESS than 1 dey, hrs. or min.
57	6	22	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Railroad Foreman

10. Date deceasad last worked at this occupetion (month end year) 7/13/40 11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Pocomoke City Md.

FATHER

13. NAME Isaac W. Dryden

14. BIRTHPLACE (city or town) (State or country) Pocomoke City Md.

MOTHER

15. MAIDEN NAME Caroline Brittingham

16. BIRTHPLACE (city or town) (State or country) Pocomoke City Md.

17. INFORMANT Olivia Dryden
(Address) Marion, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Cem Date July 23, 19 40

19. UNDERTAKER John A. Bradshaw
(Address) Crisfield, Md.

20. FILED 7/23, 19 40 Amelia B. Lawson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 20 (Day), 1940 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1940, to July 20, 1940.

I last saw h— alive on July 20, 1940; death is said to have occurrad on tha date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:

	Data of onset
Acut Dis of Panc.	
Pancreas.	
Pyloric obstruction due to healed ulcer;	
Not due to cancer. No evidence of malig-	
nancy. Showed old, healed scars. Duration 1 year. Cured.	

Other Contributary Causes of Importance:

Acute Dist vomiting
Acute myocarditis
Alcoholism Pylorus and J Hunt

Name of operation No Date of

What test confirmad diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? Data of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of Injury

Natura of Injury

24. Was disease or injury in any way related to occupation of dacaased?

If so, spacify

(Signad) George E. Coulbourn M. D.

(Address) Marion, Md.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 3 1940
PLATEAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

07872

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County: Somerset

City or town: Westover
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): About 24 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Westover Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carl Fleming

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Marian Mills Fleming

6(c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): July 2, 1883

8. AGE: Years: 57 Months: 0 Days: 23 If less than one day: hrs. min.

9. Birthplace: Nr. Pocomoke-Worcester-Maryland
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: James Allison Fleming
13. Birthplace: Worcester County, Maryland

MOTHER
14. Maiden name: Mary E. Mills
15. Birthplace: Worcester County, Maryland

16. Informant: Mrs. Carl Fleming
Address: Westover, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-27-40 (month) (day) (year)

Cemetery or crematory: Bethany Methodist Cemetery

Location: Third Street, Pocomoke City, Md.

16. Funeral director: John A. Bradshaw
Address: Pocomoke City

19. July 27 1940 (Date rec'd by registrar) K. O. Dickinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1940, at 11.10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19~~, to ~~19~~, and that I last saw h alive on ~~19~~.

Immediate cause of death: Bullet wound of right temple

Due to: Death instantaneous

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide Date of: 7/25/40

Where did injury occur? Westover (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: Pistol wound Injured at work?

23. SIGNATURE: Henry M. Lankford, M.D. Deputy Medical Examiner for Somerset County, Md.
M. D. or other

Address: Princess Anne Md Date signed: 7/27/40

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

RECEIVED
AUG 2 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

07873

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City Crisfield R.F.D. #1 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Ford If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Girl	W'te	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) July 31-1940.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Crisfield

FATHER

13. NAME Emory Ford

14. BIRTHPLACE (city or town) (State or country) Crisfield

MOTHER

15. MAIDEN NAME May Tyler

16. BIRTHPLACE (city or town) (State or country) Crisfield

17. INFORMANT (Address) Mrs. Emory Ford

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Date July, 19 40

19. UNDERTAKER ✓ (Address)

20. FILED July 31, 19 40 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 31 (Day), 193 40 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 31 19 40, to July 31, 19 40

I last saw h[illegible] alive on July 31, 19 40 death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Stillborn (8 mos.)	

Other Contributory Causes of Importence:

Hydrocephalace

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. R. Schmatka M. D.

(Address) Crisfield

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 4 1940
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07874

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: 1 Mile South of Eden

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: K

Stay in hospital or inst. (yrs., or mos., or days): K

Stay in this community (yrs., or mos., or days): K

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State: Maryland County: Somerset

City or town: Upper Fairmount Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William T. Ford

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 23, 1921

8. AGE:

Years	Months	Days	If less than one day
18	11	23	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: CCC Enrolee

11. Industry or business

FATHER — 12. Name: Archie F. Ford

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Maude E. Ford

MOTHER — 15. Birthplace: Maryland

16. Informant: Cecil Ford

Address: Upper Fairmount Md

17. Burial (Burial, cremation, or removal) Which? Date thereof July 16 1940 (month) (day) (year)

Cemetery or crematory: K. of P. Cemetery

Location: Upper Fairmount

18. Funeral director: Harry B. Miles

Address: Upper Fairmount

19. July 14 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 14 1940, at 1.55 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__

Immediate cause of death	DURATION
Broken neck	
Brain lacerations	
Due to Auto accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 7/14/40

Where did injury occur? 1 mile South of Eden (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?) Public Highway

Means of injury: Auto Accident Injured at work?

23. SIGNATURE: Henry M. Lankford M. D.

Address: Princess Anne Md M. D. or other

Date signed 7/14/40

HENRY M. LANKFORD M.D.
Deputy Medical Examiner
for Somerset County

RECEIVED
AUG 3 1940
BUREAU V. S.

VS A15 (T) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

07875

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Princess Anne Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Thomas Henry Heath

3. (b) Social Security Number none

4. Sex Male

5. Color of race white

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Louisiana F. Heath

6(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) May 25 1856

8. AGE: Years 84 Months 1 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Somerset Co. Md. (Town, county, and state)

10. Usual occupation Railroad man

11. Industry or business Track layer

FATHER 12. Name Thomas W. Heath

13. Birthplace Somerset Co. Md.

MOTHER 14. Maiden name Mary E. Muir

15. Birthplace Somerset Co. Md.

16. Informant Louisiana Heath

Address Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22, 1940 (month) (day) (year)

Cemetery or crematory Monie Episcopal Cem.

Location Monie Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md.

19. July 22 1940 (Date rec'd by registrar) T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1940, to 20th July 1940, and that I last saw him alive on July 19th 1940.

Immediate cause of death Generalized arterial sclerosis

Due to Senility

Due to Chronic myocarditis. Duration: not stated. C.W.G.R.

Other conditions Chronic Myocardial Failure

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. B. Malone M.D. M. D. or other

Address Princess Anne Date signed 7/22/40

RECEIVED
AUG 3 1940
BUREAU U. S.

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

07876

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (3)

County Somerset Registration Dist. No. 270

Village or City Crisfield R7D#1 No. [illegible] St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Roland Horsey If U. S. Veteran, specify WAR

(a) Residence: No. Crisfield (Usual) Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 25, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	8 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year)

ff. Total time (years) spent in this occupation

f2. BIRTHPLACE (city or town) Crisfield R7D#1
(State or country) Md.

FATHER

13. NAME Stanford Ira Horsey

14. BIRTHPLACE (city or town) Pocomoke
(State or country) Md

MOTHER

15. MAIDEN NAME Anna Louise [illegible]

16. BIRTHPLACE (city or town) Hopeanna
(State or country) Md

17. INFORMANT Stanford Ira Horsey
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Family Lot Date July 28, 1940

f9. UNDERTAKER [illegible]
(Address)

20. FILED July 25, 1940 S. E. Collins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 25 (Month) (Dey) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., f9..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ...m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Stillborn baby weight 8 lbs 13 ozs	

Other Contributory Causes of importence:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., f9...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. M. Peyton M. D.

(Address) Crisfield Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07877

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Chance Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Irene Johnson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife: Dennis Johnson
6(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): Feb 18 1908

8. AGE: Years	Months	Days	If less than one day
36	5	6	hrs. min.

9. Birthplace: Princess Anne, Somerset, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER — 12. Name: Charles Holbrook
13. Birthplace: Princess Anne Md
MOTHER — 14. Maiden name: Sallie Hitch
15. Birthplace: Princess Anne Md
16. Informant: Dennis Johnson
Address: Chance Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29-40 (month) (day) (year)
Cemetery or crematory: Poker Road Cem.
Location: near Princess Anne Md
18. Funeral director: John A Bradshaw
Address: Princess Anne Md
19. 7-26 1940 J D Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 24th 1940, at 7:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20th 1940, to July 24th 1940, and that I last saw her alive on July 24th 1940.

Immediate cause of death	DURATION
(a) Cerebral Hemorrhage	
(b) Heart Exhaustion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: John T. Ruby, M. D. or other
Address: Princess Anne Md Date signed July 24, 40

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07878

(93-2)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 264

Village or City Fairmount No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lemuel I Johnson If U. S. Veteran, specify WAR

(a) Residence: No. Fairmount St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mariar Braxton

6. DATE OF BIRTH (month, day, and year) April 19 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 2yrs

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Fairmount (State or country) Md

FATHER

13. NAME Edward Johnson

14. BIRTHPLACE (city or town) Fairmount (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Johnson

16. BIRTHPLACE (city or town) Fairmount (State or country) Md

17. INFORMANT Linwood Johnson (Address) Fairmount Md

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date July 3 1940

19. UNDERTAKER John A Bradshaw (Address) Crisfield Md

20. FILED July 2, 1940 K. V. Dickinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 1st (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1938, to July 1st, 1940

I last saw him alive on June 29, 1940; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Ch. Myocardial Failure	4/7/37

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? [illegible]

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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AUG 2 1940
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07879

INSIDE CORPORATE LIMITS OF (183)

1. PLACE OF DEATH

County Somerset — OUTSIDE CORPORATE LIMITS OF — Registration Dist. No. 270

Village or City R.F.D. Crisfield — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Elsie L. Killman — If U. S. Veteran, specify WAR

(a) Residence: No. — St., — Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) January 28-1930

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
10	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Killman

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

15. MAIDEN NAME Margaret DeHaven

16. BIRTHPLACE (city or town) (State or country) Belair Md

17. INFORMANT Margaret Killman (Address) Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date July 25, 1940

19. UNDERTAKER John A. Bradshaw (Address) Crisfield Md

20. FILED July 27, 1940 C. E. Collins Registrar.

Deputy Medical Examiner Somerset County

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at 3 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Accidental Drowned while bathing in Gumby Creek	

Other **Contributary Causes** of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 23, 1940

Where did injury occur? July 23-1940 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Near house accident

Manner of injury Drowned

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) H. H. Coulbourne M. D.

(Address) Crisfield Md

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07880

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County Somerset

City or town Fairmount
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 55 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rossie Long

3. (b) Social Security Number

4. Sex: Femail
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Marion Long

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885 Oct 8

8. AGE: Years 54 | Months 8 | Days 24 | If less than one day hrs. min.

9. Birthplace Fairmount Somerset Co Md
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John Warter
13. Birthplace Fairmount Somerset Co Md

MOTHER
14. Maiden name Abigail Warter
15. Birthplace Fairmount Somerset Co Md

16. Informant John Warter
Address Crisfield Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 4 1940
(month) (day) (year)

Cemetery or crematory Bd Tinial cemetery

Location Fairmount Md

18. Funeral director Chas H Ward
Address Marion Md.

19. July 3rd 19 K. O Glickinson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: 2 days

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Hinrich M. D. or other
Address Princess Anne Md Date signed 7/3-40

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 2 1950
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07881

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (131-a) WITHIN CORPORATE LIMITS OF

County Somerset — Registration Dist. No. 265

Village or City Crisfield — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ____ yrs. ____ mos. 1 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Loyd Willikson Mason — If U. S. Veteran, specify WAR ____

(a) Residence: No. Pocomoke City Md St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If marriad, widowed, or divorcad
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and yaar) Feb 2 1867

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73	5	6	

OCCUPATION

8. Trade, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. ____

10. Dete deceased last worked at this occupetion (month and yaar) 1927 — 11. Totel time (yaars)? spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Worcester County Md

FATHER

13. NAME Stephen M ason

14. BIRTHPLACE (city or town) (State or country) Worcester County Md

MOTHER

15. MAIDEN NAME Ellen A Hudson

16. BIRTHPLACE (city or town) (State or country) Worcester County Md

17. INFORMANT (Address) Joshua Mason Pocomoke City Md

18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke City Date August 1, 1940

19. UNDERTAKER (Address) John A Bradshaw Crisfield Md

20. FILED July 31, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 30 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attandad deceased from July 27 1940 to July 30, 1940

I last saw h... alive on July 30, 1940; death is said to have occurred on the date stated above at 2:00 t...m.

The PRINCIPAL CAUSE OF DEATH and raleted causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	
Valvular heart disease	

Other Contributory Causes of Importance: Jaundice Dysentery; meaning thereby: gastro-enteritis duration ... seven days. c.w.s.R.

Neme of operation — Date of —

What test confirmed diagnosis? — Was thare an autopsy? No

23. If daeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, sulcida, or homicida? — Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was diseasa or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Chas. T. Schwatka M. D.

(Address) Crisfield, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 3 1940
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

07882

1. PLACE OF DEATH (56-b)

County Somerset Registration Dist. No. 265

Village or City Crisfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Blanch Miles If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 3-1906

7. AGE: Years 34 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. house work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Marion Md (State or country) Somerset Co

FATHER

13. NAME George Roach

14. BIRTHPLACE (city or town) Hopewell (State or country) Somerset Co Md

MOTHER

15. MAIDEN NAME Lillia Miles

16. BIRTHPLACE (city or town) Marion (State or country) Somerset Co Md

17. INFORMANT Lillia Miles (Address) 7 Street Crisfield Md.

18. BURIAL, CREMATION, OR REMOVAL Burial Place Wesley Cemetery Date July 28, 1940

19. UNDERTAKER Chas. H Ward (Address) Marion Md.

20. FILED July 26, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1939, to July 25, 1940

I last saw her alive on July 25, 1940; death is said to have occurred on the date stated above, at 6:35 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fibroid Tumor: meaning thereby Fibroid tumor of the uterus. Duration: several months C.W.R.	9/30/39
Other Contributory Causes of importance: Edema	9/30/39

Name of operation Tumor removal Date of 1939

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. J. Barkley M. D.

(Address) Crisfield Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 3 1940
U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07883

1. PLACE OF DEATH

County Somerset (15) Registration Dist. No. 760

Village or City Princess Anne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Mills If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 19—1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. High School

10. Date deceased last worked at this occupation (month and year) 3.10.40

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

FATHER

13. NAME Daniel Mills

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (city or town) (State or country) Princess Anne. Som. Co. Md.

17. INFORMANT (Address) Daniel Mills Princess Anne Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Date July 10, 1940

19. UNDERTAKER (Address) Wm James Hon Princess Anne Md

20. FILED July 10, 1940 T. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 8th (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1940, to July 8, 1940.

I last saw her alive on July 3, 1940; death is said to have occurred on the date stated above, at 4:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Plastic Tubercular Peritonitis	3.12.40

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldon G. Marksman M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

DENVER
AUG 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

07884

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset Co
City or town: Crisfield md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: McCready Memorial Hosp
Stay in hospital or inst. (yrs., or mos., or days) July 24 to July 29
Stay in this community (yrs., or mos., or days) 5

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset Co
City or town: Princess Anne R 2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Alonzo Nicky. Jr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Col.	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 19th 1931

8. AGE:

Years	Months	Days	If less than one day
9	10	10	hrs. min.

9. Birthplace: Princess Anne Somerset Co. Md
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Alonzo Nicky
13. Birthplace: Md
MOTHER 14. Maiden name: Lillian Herring
15. Birthplace: Princess Anne Md
16. Informant: Janise I. Dennis
Address
17. Burial (Burial, cremation, or removal Which?) Date thereof Aug 1st 40 (month) (day) (year)
Cemetery or crematory: John Wesley M. E. Church
Location
18. Funeral director: James I. Dennis
Address
19. Aug 1st 1940 (Date received by registrar) J. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940, to July 29 1940, and that I last saw h- alive on July 29 1940.

	DURATION
Immediate cause of death: Acute Dilatation of Heart	
Due to: Pneumonia Lobar	
Due to: Hypostatic Pulmonitis Bilateral Pneumonia	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None Performed
Of autopsy: None Performed

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C. Goodman M.D.
M. D. or other
Address: Marion Sta Md Date signed July 31, 40

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SEP 6 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

07885

(159)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Somerset — Registration Dist. No. 270

Village or City Crisfield — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Owens

If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. Crisfield Md

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, and year): June 29 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.: X

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Crisfield (State or country) Md

FATHER

13. NAME Bowers Owens

14. BIRTHPLACE (city or town) Bivalve (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Hickman

16. BIRTHPLACE (city or town) Crisfield (State or country) Md

17. INFORMANT Bowers Owens (Address) Salisbury Md

18. BURIAL, CREMATION, OR REMOVAL — Place Burial — Date July 1 1940

19. UNDERTAKER John A Bradshaw (Address) Crisfield Md

20. FILED July 1, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: July (Month) 1 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1940, to July 1, 1940

I last saw h[illegible] alive on June 30, 1940; death is said to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature infant (6 mo)	
Other Contributory Causes of Importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) E. M. Payton M. D.

(Address) Crisfield, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(134a)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Eden, Md.

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 68 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near Eden
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Alice W. Pollitt

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James M. Pollitt

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Jan. 3, 1872.

8. AGE: Years 68 | Months 6 | Days 24 | If less than one day ___ hrs. ___ min.

9. Birthplace: Friendship, Worcester, Co., Md.
(Town, county, and state)

10. Usual occupation: at home

11. Industry or business:

FATHER
12. Name: John Gilton
13. Birthplace: Kansas

MOTHER
14. Maiden name: Rose Anna Pusey
15. Birthplace: Somerset Co. Md.

16. Informant: James M. Pollitt,
Address: Eden, Md. R.D.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 7/29/40 (month) (day) (year)

Cemetery or crematory: Friendship M. E.

Location: Friendship, Worcester Co., Md.

18. Funeral director: The Hill & Johnson Co.,
Address: Salisbury, Md.

19. July 29th 1940 (Date rec'd by registrar) T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27, 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1939, to July 27 1940, and that I last saw her alive on July 27 1940.

Immediate cause of death: Coronary occlusion — DURATION: Brief

Due to: Chronic Hot Nephritis — ?

Due to: Arteriosclerosis — ?

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. O. Dainey MD
M. D. or other

Address: Salisbury, Md. Date signed: 9/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

07887

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town near Pocomoke City, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 83 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Near Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Charles Edgar Powell

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Gertrude Powell
6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) April 28, 1857

8. AGE:

Years	Months	Days	If less than one day
83	2	18	hrs. min.

9. Birthplace near Pocomoke City Somerset, Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name George C. Powell
13. Birthplace Md

MOTHER
14. Maiden name Elizabeth Dryden
15. Birthplace Md

16. Informant Mrs. George Powell
Address Pocomoke City, Md

17. Burial Date thereof July 18, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Presbyterian Cemetery
Location Rehoboth Md

18. Funeral director Margarette R. Watson
Address Pocomoke City, Md

19. July 17 1940 Mrs Clayton Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940, at 12 80 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1 1939, to July 16 1940
and that I last saw h— alive on July 15 1940

Immediate cause of death Acute Dil of Heart — DURATION

Due to

Due to Carcinomas, primary in skin of mask toid region; involving bone and soft parts; eye, ear, & w.s.p.

Other conditions Cyanosis ;
Anemia pernic: duration: 3 years.
(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE George C. Powell M.D.
M. D. or other
Address Pocomoke City Md — Date signed July 17 1940

RECEIVED
AUG 5 1940
BUREAU V. S.

07888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset

City or town Shelltown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 58 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Shelltown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR ✓

3. (a) FULL NAME Mary Anna Riggin

3. (b) Social Security Number ✓

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife George W. Riggin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 11, 1853

8. AGE: Years 87 | Months 3 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Murumsco, Somerset, Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Matthews
13. Birthplace Md

MOTHER
14. Maiden name Grace Hudson
15. Birthplace Md

16. Informant Edward M. Riggin
Address Shelltown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29, 1940 (month) (day) (year)

Cemetery or crematory Rehoboth Baptist

Location Rehoboth, Md

18. Funeral director Margarette H. Watson
Address Pocomoke City, Md

19. 7/28 19 (Date rec'd by registrar) Aurelia P. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to July 28 1940, and that I last saw her alive on July 27 1940.

Immediate cause of death: Acute Dil of Heart — DURATION: 1 week

Due to: Chronic myocarditis, Chronic Int nephritis — Years

Due to: Any premis of Gale Kidney — 4 years

Other conditions: Chronic cystitis

(Include pregnancy within 3 months of death)

Major findings: none

Of operations

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE George C. Coulbourn M.D. M. D. or other

Address July 28 Marion Md Date signed July 28 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 2 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07889

(131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Rehobeth Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) -

Stay in this community (yrs., or mos., or days) 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Rehobeth Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Horrett Vice Robins

3. (b) Social Security Number none

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Edna Tousens Robins deceased

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7 1865

8. AGE: Years 74 Months 8 Days 20 If less than one day hrs. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name John Riebel

13. Birthplace Philadelphia Pa.

MOTHER 14. Maiden name Margaret Ann Smith

15. Birthplace Philadelphia

16. Informant Mr. Herman Bishoff

Address Rehobeth Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29th 40 (month) (day) (year)

Cemetery or crematory Jr. O. U. A. M.

Location Philadelphia, Pa

18. Funeral director J. S. Lawson

Address Crisfield Md.

19. July 28, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 1936, to July 27 1940, and that I last saw her alive on 1940 19

Immediate cause of death Acute Dis of Heart

Due to Chronic Int. nephritis Chronic myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Coulbourn M. D. or other

Address Marion Sta Md Date signed July 27 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07890

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (46 B)

WITHIN CORPORATE LIMITS OF

County Somerset Registration Dist. No. 265

Village or City Crisfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Todd If U. S. Veteran, specify WAR

(a) Residence: No. Maryland Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Major Carrol Todd Sr

6. DATE OF BIRTH (month, day, end year): Jan 19 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Deals Island Md

FATHER

13. NAME: Snead Webster

14. BIRTHPLACE (city or town) (State or country): Deals Island Md

MOTHER

15. MAIDEN NAME: Susie Windsor

16. BIRTHPLACE (city or town) (State or country): Deals Island Md

17. INFORMANT (Address): Ira Todd Crisfield Md

18. BURIAL, CREMATION, OR REMOVAL Place: Burial Date: July 11 1940

19. UNDERTAKER (Address): John A Bradshaw Crisfield Md

20. FILED July 10, 1940 A. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to July 9, 1940.

I last saw h[illegible] alive on June 8, 1940; death is said to have occurred on the date stated above, at 11 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Dil of Heart.	
Other Contributary Causes of importance:	
Carcinoma of Stomach	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jennings C. Coulbourn M. D.

(Address) Marion Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED AUG 3 1940 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

07891

1. PLACE OF DEATH

County Somerset Registration Dist. No. 270

Village or City Crisfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Unknown If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, and year): "

7. AGE: Probably 50 about — Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country) "

FATHER

13. NAME "

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT (Address) Captain Charles Pruitt Tangier Va

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Cem. Date July 27, 1940

19. UNDERTAKER (Address) John A. Bradstow Crisfield Md

20. FILED July 27, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Examined Body July (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental Drowning

Date of onset

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, ~~suicide, or homicide~~? Drowned about 10 days Date of injury 2 weeks ago, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Body found near Smiths Pt Light House

Manner of injury ___

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Wm H Coulbourn M. D.

(Address) Crisfield Md

Deputy Medical Examiner Somerset County

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

AUG 3 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13C)

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County Somerset

City or town Upper Hill, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Upper Hill, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Magdalene Wilson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: ✓ married

6 (b) Name of husband or wife: Herbert S. Wilson

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1875 Jan. 27

8. AGE: Years 65 Months 6 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Upper Fairmount Somerset, Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER

12. Name Levin J. Waters

13. Birthplace Upper Fairmount, Md.

MOTHER

14. Maiden name Elizabeth A. Jones

15. Birthplace Upper Fairmount, Md

16. Informant H. S. Wilson

Address Upper Hill, Md.

17. ✓ (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Family cemetery

Location Upper Hill, Md.

18. Funeral director Charles H. Ward

Address Marion Sta. Md.

19. July 30 1940 (Date rec'd by registrar) R. O'Dickinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28th 1940, at 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1940, to July 28th 1940, and that I last saw her alive on July 27 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 mths

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldon G. Marksman M. D. or other

Address Princess Anne, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (I) (T)

RECEIVED
AUG 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

CERTIFICATE OF DEATH

07893

Reg. Dist. No. 268

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Chance
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Tillie Wright

3. (b) Social Security Number:

4. Sex: F
5. Color or race: B
6. (a) Single, married, widowed, or divorced: married
B (b) Name of husband or wife: Sal Wright
6(c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): May 13 — 1881
8. AGE: Years: 59 Months: 4 Days: 9 If less than one day: hrs. min.
9. Birthplace: Oriole Md (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: Nelson Brown
13. Birthplace: Oriole Md
MOTHER 14. Maiden name: Rachel Carter
15. Birthplace: Oriole Md
18. Informant: Sal Wright
Address: Chance Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 24-40 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Chance Md
18. Funeral director: Fred T. Webster
Address: Deals Island Md
19. July 23 19 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1940, at 11 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 1940, to July 21 1940, and that I last saw her alive on July 21 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4 days
Due to: Hypertensive Cardio-Vascular disease
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: William J. Lennox, M.D.
M. D. or other
Address: Deal Island, Md. Date signed: July 23/1940

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AUG 6 1940
BUREAU V. S.